FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **526707** **(5)**

1. **MARGIE WOOD TRUCKING, INC.**

Principal Place of Business:
10272 SE 58TH AVE
BELLEVIEW FLORIDA 34421
US

Mailing Address:
P. O. BOX 1208
BELLEVIEW FLORIDA 34421
US

2. Principal Place of Business:
21 Belleview FL
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2a. Mailing Address:
26 P.O. Box 1586
27
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3. Date Incorporated or Qualified: 02/28/1977

3a. Date of Last Report: 01/19/1995

4. FEI Number: 59-1734296

5. Certificate of Status Desired: [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fee

8. This corporation has liability for intangible tax under s. 199.07, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent

MCLAUGHLIN, DONNA
10253 SUNSET HARBOR RD
BELLEVIEW FL 34421

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of Section 607.0505, Florida Statutes.

Donna B. Mclaughlin 1/22/96
Signature of Registered Agent Date

12. OFFICERS AND DIRECTORS

PST
MCLAUGHLIN, DONNA
10253 SUNSET HARBOR RD
BELLEVIEW FL

[ ] DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Add

14. I am aware that any false information submitted in a document to the Department of State for filing may result in a civil penalty and other criminal sanctions. To the best of my knowledge, the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: Donna B. Mclaughlin 1/22/96 904-245-5117
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICIAL OR DIRECTOR Date Daytime Phone Number

CR2E034 (12/95)